



Coach Checklist COVID-19

PRIOR TO EACH GATHERING, YOU MUST ASK THESE QUESTIONS TO ALL PARTICIPANTS.

- 01** HAVE YOU COME INTO CLOSE CONTACT (WITHIN 6 FEET) WITH SOMEONE WHO HAS BEEN SICK OR HAS HAD A LABORATORY CONFIRMED COVID – 19 DIAGNOSIS IN THE PAST 14 DAYS?
- 02** DO YOU HAVE ANY OF THE HIGH RISK CONDITIONS?
- 03** DO YOU HAVE A FEVER OR CHILLS?
- 04** DO YOU HAVE A COUGH?
- 05** DO YOU HAVE SHORTNESS OF BREATH?
- 06** DO YOU HAVE DIFFICULTY BREATHING?
- 07** DO YOU HAVE BODY ACHES?
- 08** DO YOU HAVE A HEADACHE OR CONGESTION?
- 09** DO YOU HAVE NEW LOSS OF TASTE OR SMELL?
- 10** DO YOU HAVE A SORE THROAT?
- 11** DO YOU HAVE NAUSEA, VOMITING OR DIARRHEA?



IF ANY PARTICIPANT ANSWERS "YES" TO ANY OF THESE QUESTIONS, THEY SHOULD NOT PARTICIPATE AND RETURN HOME OR CONTACT THEIR HEALTHCARE PROVIDER IF SYMPTOMS WORSEN. HIGH RISK PARTICIPANTS SHOULD TAKE EXTRA PRECAUTIONS AND CHECK WITH PRIMARY CARE PROVIDER BEFORE PARTICIPATING.



IF AN ATHLETE HAS HAD A CASE OF DOCUMENTED COVID-19 INFECTION, THEY NEED A NOTE FROM THEIR DOCTOR INDICATING THEY ARE CLEARED TO PARTICIPATE.